

Iowa Department of Inspections and Appeals  
Amusement Devices  
Lucas State Office Building  
321 East 12<sup>th</sup> Street  
Des Moines, Iowa 50319-0083  
(515) 242-5264

For Office Use Only	
Check #	Amount
Date	Initials

## ELECTRICAL AND MECHANICAL AMUSEMENT DEVICE REGISTRATION

☐ New Registration

☐ Renewal

### Type of Registration

<input type="checkbox"/> Manufacturer - \$2,500 registration fee	<input type="checkbox"/> Manufacturer's Representative - \$2,500 registration fee	<input type="checkbox"/> Distributor or owner with more than one (1) location - \$5,000 registration fee plus \$25 per device registration tag	<input type="checkbox"/> Owner with one (1) location and no more than two (2) devices - \$2,500 registration fee plus \$25 per device registration tag	<input type="checkbox"/> Qualified Organization - \$25 per device registration tag
---	---	---	---	--

### Registrant Information

Company Name:		EIN or SSN:	
Primary Contact Name:			
Street Address:			
City:	State:	Zip Code:	County:
Mailing Address (if different than Street Address):			
City:	State:	Zip Code:	County:
Phone Number (include area code): (      )		Fax Number:	E-mail Address (optional):

### Please enter the address where the leased or sold amusement device(s) records will be stored (if different from above):

Records Location:		EIN or SSN:	
Street Address:			
City:	State:	Zip Code:	County:
Mailing Address (if different than Street Address):			
City:	State:	Zip Code:	County:
Phone Number (include area code): (      )		E-mail Address (optional)	

☐ Check here **if location is a Qualified Non-Profit Organization.**

*If yes, attach copy of 501(c) declaration or list Charitable Gambling License number below:*

\_\_\_\_\_

**Please enter the address where the amusement device(s) is located:**

*(Note: A separate application is required for each location where amusement devices are located.)*

Name of Location:		EIN or SSN:	Contact Person:
Street Address:			
City:	State:	Zip Code:	County:
Mailing Address (if different than Street Address):			
City:	State:	Zip Code:	County:
Phone Number (include area code): ( )		E-mail Address (optional)	
Is there a charitable gambling license at this location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list license number:	
Is there a beer or liquor license at this location:		<input type="checkbox"/> Yes – check all that apply <input type="checkbox"/> No	
		<input type="checkbox"/> Type A, B, C or D Liquor Control License	
		<input type="checkbox"/> Type B or C Beer Permit	
		License Number:	

**Limitation on Number of Allowable Amusement Devices per Location:**

Iowa Code section 99B.10(4) restricts the number of electrical and mechanical amusement devices to no more than four (4) per location for an organization that meets the requirements of section 99B.7(1)(m). All other registered entities may permit or offer for use no more than two (2) electrical and mechanical amusement devices per location.

**Note to Amusement Device Distributors:**

Iowa Code section 99B.10A requires that all distributors of Electrical and Mechanical Amusement Devices register their devices with the Iowa Department of Inspections and Appeals and obtain an annual registration tag from the Department. The annual fee for the registration tag is \$25 per device. Distributors should use the space below to list all amusement devices placed in another business establishment or location. Please complete a separate registration form for each premises in which devices are located.

**Please enter the following information for each amusement device at the location described above:**

Device Number	Device Name	Mother Board Serial Number
1		
2		
3		
4		

**Note to Distributors:** If you wish to register amusement devices you have warehoused, you may register your warehouse as a location and use the space above to list your devices. You may attach additional sheets to list the devices, if necessary.

**Attention Registrant**

**AFFIDAVIT**

**I acknowledge that:**

By submitting this information, I affirm that all information is true and accurate to the best of my knowledge and belief. I also understand that I must comply with the requirements for **Electrical and Mechanical Amusement Devices** in Iowa Code sections 99B.10 and 99B.10A, all administrative rules promulgated by the Iowa Department of Inspections and Appeals, and other applicable state and federal laws.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Make check payable to: Treasurer – State of Iowa**